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*First Family*

# IN THIS ISSUE

## *FEBRUARY 1951*



**About our cover . . .**

Washington and Lafayette at Mount Vernon, 19th century American painting by Thomas Pritchard Rossiter and Louis R. Mignot . . . second in a series of Journal covers on family life. Photograph courtesy of the Metropolitan Museum of Art.




**THE JOURNAL OF SOCIAL HYGIENE**

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## SUPPORT OUR STRONGHOLD . . . THE FAMILY

In the next 10 to 20 years, our national effort to defend ourselves and our neighbors against aggression will affect every man, woman and child in the United States. No one—not Susie, playing jacks at this very moment, nor Johnny, cramming algebra for tomorrow's test—can escape the impact of a decade or more of mobilization.

Whether you live in Boston, Butte or Battle Creek, industrial expansion, labor migration, recruitment for the Armed Forces, possible manpower drafts and civilian defense against the threat of attack and invasion will involve you and your family in one way or another.

National defense is not just Korea or any other military campaign. It is a way of life we perforce choose until we win the peace.

National defense can strengthen us. Or its pressures and dislocations can insidiously weaken us. Which do we choose—strength or

weakness? The decision is ours. The time to decide is today. Nothing could please the ironic enemies of democracy more than to witness the corrosion of American family and community life in the very course of our efforts to defend both.

But decision demands action, not passive agreement. It demands concerted action, not the work of a few. It demands intelligent action, not sporadic, impulsive, stopgap measures.

- ☆ Preserve health and prevent tragedy by stamping out VD.
- ☆ Protect young people from vicious influences by repressing commercialized prostitution and allied conditions.
- ☆ Meet the special needs of persons away from home, particularly of youngsters seeking "adventure", by expanding opportunities for recreation, education and spiritual growth for everyone.
- ☆ Strengthen family life now and tomorrow by providing sex-character education and family consultation services.

Social Hygiene Day is your chance to join your friends and neighbors in planning the best ways to meet the challenge of the times. It's your chance to Support Our Stronghold . . . The Family.

Social Hygiene Day is the first Wednesday in February, this year February 7. But the observance, not the date, is what counts. Observe Social Hygiene Day in February, March, November or any other month . . . but observe it!

## A PLEDGE TO THE PEOPLE

Following a precedent set in 1916 and again in 1939, the American Social Hygiene Association will give top priority in 1951 to social hygiene problems growing out of mobilization.

Thirty-seven years of experience have taught us to be on guard during military and industrial mobilization. Then the venereal diseases tend to increase. Then prostitution racketeers try more persistently to enlarge the scope of their activities. Then social dislocation places a greater strain on family life.

These are social hygiene problems of the deepest significance to the future of the nation, and we must deal with them successfully now or the nation will suffer for generations.

Accordingly, the officers and staff of the American Social Hygiene Association have pledged themselves to direct their attention primarily to the people and communities who most feel the impact of mobilization. There is the greatest challenge, and there the greatest opportunity for service to the country.

Time (Carl Iwasaki)

# DENVER EDUCATES FOR HOME AND FAMILY LIVING

by Dr. Kenneth E. Oberholtzer
and Myrtle F. Sugarman

"A hope chest, a diamond ring and a bridal veil are not enough for marriage," said a Denver teacher participating in the program of family life education in one of the five senior high schools. She then added, "Education for home and family living is not limited to sex education. We avoid that term. It's misleading, because it is so small a part of what we do."

These ideas were emphasized by nearly all teachers and administrators involved in setting up this area of instruction in Denver's senior high schools. They agreed that young people must be prepared to meet marriage and the responsibilities of a home with more than romantic, superficial notions about marriage.

They were all greatly concerned that the sex-education aspect of the courses offered be an integral part of the consideration of many kinds of problems, not a separate area of instruction. They agreed that information about sex should be given frankly in answer to boys' and girls' questions, but that it should be related to larger problems, not considered as a problem apart from the total life experience. Accordingly, the physical aspects of dating, courtship, marriage, child-bearing and child-rearing are looked upon as part of a larger concept of social, emotional and economic problems.

Although the names of the courses and the administrative machinery vary from school to school, objectives are similar, and some programs are uniform throughout the city. For example, all five schools have access to the same audio-visual materials. Teachers meet in a city-wide committee to pool ideas and to set up overall objectives which are then interpreted in the light of needs and interests in each school.

Parent participation is encouraged in all schools as parents are invited to meetings to give suggestions, to preview films and to see the materials used in classes.

Perhaps most significant of the features common throughout the city is participation by senior high school students taking these courses in the preschool program of the Denver Public Schools. Through this program, boys and girls assist preschool teachers twice a month for one-half day. Their experiences with the children give concrete direction to discussion of home and family living. There are no hazy unrealities as the class works out solutions for puzzling behavior observed in the preschool laboratory.

The experience also is satisfying to high school seniors when the little children regard them as adults to be respected, consulted and occasionally obeyed. Teachers of the family living courses report that the seniors are very much stirred by this brief assumption of an adult role.

### *How the Program Works*

Although general objectives of the program are approved by central curriculum and instruction committees, details are worked out autonomously in each of the five senior high schools. While some of this instruction is woven into tenth and eleventh grade classes in many areas, classes devoted specifically to these problems are found only in the senior year. In four of the schools, such courses are senior electives. In only one is the course required of all senior pupils.

Briefly, organizational details are worked out in these ways. At West High School, all seniors take the course called Senior Planning.

Two days per week in the 12B semester are given over to special instruction by physical education teachers in separate classes for boys and girls. The year's work includes units on dating, family relationships, marriage, personal and family finance, consumer education, religious values and the strategy of job finding. The course at West is somewhat more comprehensive than those offered in other schools.

At North High School the Home and Family Living course is one of three from which seniors may choose to fulfill a social science requirement. Boys' and girls' classes are separate. Dating, courtship, marriage, family finance and other topics of special interest to students are included.

East High School offers a senior elective course entitled Social Problems. Boys' and girls' classes are separate. Basically, the course covers dating, courtship and marriage. Other problems currently affecting young people are taken up as student interest demands. For example, a recent concern of the boys arises from the prospect of being called immediately into the armed services after graduation from high school.

South High School has the oldest program in the city, started in 1930. Senior boys and girls may elect Home Living. Both courses are taught at South by home economics teachers. Each year the course is built from student questions. However, a similarity recurs as the questions center around dating, courtship, marriage and family problems.

Manual Training High School gives instruction relating to dating, marriage and the family in several kinds of classes—health, home economics, sociology, psychology and senior social problems. At some time, every Manual student has this instruction, although emphasis and extent of exploration naturally vary from the tenth to twelfth grade. All these classes have common objectives in answering frankly and honestly the questions of young people and giving them a wholesome philosophy of living.

### *How the Material Is Presented*

While in all schools there is similarity of course content, there are striking differences in emphasis from school to school.

For example, at North High School the first interest of the boys was reported to be in the economic aspects of getting the job necessary to support a home and family. They wanted to take aptitude tests and explore the demands and rewards of different kinds of work. They were very close to the financial realities of family life.

On the other hand, boys at East High School were reported as having little interest in marriage as an immediate prospect after

high school graduation. In one class at East, the 20 to 30 boys enrolled were planning on college and careers which would postpone marriage for several years. At this time they were more concerned with exploring the effects of military service on their plans for the future than they were in the problems of making a home.

Differences like this are brought about by cultural and economic background and make necessary in each school adaptations to meet the special needs and interests of the boys and girls.

Teachers selected to work in the program must be sensitive to these special needs and variations. They must be emotionally secure and, therefore, able to understand attitudes widely different from their own. They know that some children come to school with backgrounds of severe inhibition and parental restraint. Teachers must help these children to face reality and to live in a world where other standards are more permissive than their own.

On the other hand, many of the teachers who described their work in this area spoke of encountering attitudes toward various social problems that represented startling departure from the standards usually accepted. These children also must be introduced to other ways of thinking and to demands of a larger society which does not condone the mores of sub-groups if these depart to any great degree from those of the group as a whole.

One teacher felt that persons participating in the program should possess the combined qualities of sociologist, psychologist, parent, teacher, friend and pastor. He hastened to add that while he personally might not measure up to this goal, he felt that his teaching in this area was one of his most interesting and satisfying experiences.

Although there are necessarily these differences in approach from school to school, there is similarity of technique in all classrooms. Panel discussions, films, speakers, classroom reading, library research, interviews and other accepted teaching techniques are used.

Nearly all of the teachers felt that one pitfall to be avoided is discussion without sufficient background reading and other means of fact-gathering. The courses must be more than talk fests. Teachers in each building do extensive planning together and gathering of

materials for resource units. These units guide the teacher in his work, but the actual scope and sequence, of course, are determined by the written questions of students and the direction student discussion gives to the work.

For example, teachers in charge of the program at North High School say that by the end of a semester the boys' and girls' home and family living groups will have discussed the same problems. But the sequence will differ at almost every point because of the difference in questions submitted, in the one group, by boys and, in the other, by girls.

Even when differences are taken into consideration, the topic most often introduced at the beginning of a course is dating. Dating is a big interest, whatever the name of the course the students are taking —be it sociology, health or family living.

First, questions and discussions on dating help to break the ice and to lead to more fundamental problems. (Perhaps from the boys' and girls' standpoint, dating *is* one of the fundamentals, the indispensable prelude to courtship, engagement, marriage and a home.) Boys and girls in all five schools want to know how to attract dates, how to act, how much dates cost, where to go, how to deal with parental differences of opinion and standards about dating, how to deal with "blind" dates and a host of other questions relating to this all-important interest of young people.

Some boys and girls are frankly worried over lack of social grace. Others are not worried over etiquette.

Seniors are not so much in conflict with parents over dating regulations as are tenth-grade pupils. In the tenth grade, a unit on boy-girl relations is a natural demand of students in the new environment of senior high school, where dating is part of the social experience.

Questions on dating reflect the social background of students. In some schools, dating is bound by rather conservative standards. In others, questions arise about the propriety of girls going "stag" to public dances. Teachers say they must be very much aware of the mores of the community in handling such questions. They hope to set up high standards of conduct without giving the impression that there is only one acceptable pattern of behavior.

Dating problems lead naturally into questions that emphasize need for information about sex. Boys and girls want to know what the opposite sex expects in terms of morality. They want to know very frankly, "How far shall we go?" They want to be grown up, and some reveal that they think promiscuity is a badge of worldly knowledge.

It is at this point in most of the classes that instruction in the physiology of sex begins. Films are shown. Doctors, nurses and, often, clergymen are invited to speak to classes. Primary objectives in this aspect of the courses is to give reliable, scientific information about the body, to build an accurate vocabulary of terms and to develop mature emotional attitudes toward the natural functions of the body.

Two classes at South High School serve to illustrate how students react to this kind of teaching. One class of girls was discussing puberty and its effects on the maturing individual. They used the appropriate terms. They were interested in the difference in time between the pubertal period of boys and girls. One girl had found information about the effect of diet on glandular functioning during puberty.

The next point introduced was the acceptance of the feminine or masculine role by the maturing adolescent. There was no indication that the topics under discussion were unusual in any way. Attitudes were the same as they would be in any class where reports were being given.

The boys' class, meeting the next hour, discussed the steps in maturing emotionally, from the self-interest of the baby, through the homosexual years of early childhood to the heterosexual interests of adolescence, and finally to the age when home and family responsibilities are assumed. They faced the fact that some individuals stop along the way and do not arrive at an adult way of behaving. They talked about "crushes" with frankness and insight. They laughed over the changes in appearance and interests that adolescence brings. Like the girls, they took the class as a normal but important experience of the school day.

When the teacher was asked how this casual, unembarrassed, objective attitude had been built, she replied that it had taken time for some students to arrive at this way of behaving. She said that at the beginning of the semester there are always a few who hesitate to speak, who giggle, and who betray a marked unsatisfied curiosity about bodily functions. After a few days or weeks these students, seeing the others accept new terms and facts without disturbance, drop feelings of guilt and participate on the same basis as others in the class.

Along similar lines of thinking, a teacher from a school where children learn "the facts of life" in early childhood said that nothing shocked or upset his students, but that their need of a decent vocabulary for discussion was a real need felt by the boys and girls. They recognized the fact that their expressions were crude, but they knew no other terms.

Problems of engagement and courtship are taken very seriously. Although young people are concerned with the question of differentiating lasting love from temporary infatuation, they see more than romance in choosing a partner for marriage.

They want to know upon what financial security a lasting marriage must be founded. They discuss the effect of heightened emotional stress of war conditions upon attitudes toward marriage. They take into consideration the best kind of relationship with their parents in planning for marriage.

Frequently, clergymen of different faiths are invited to lead discussion on the place of religion in marriage. One teacher commented that many boys and girls are led to think about their immediate religious problems as a result of considering religion as an influence upon marriage. In some schools, problems arise about marriage between members of different racial, nationality or cultural groups.

One fundamental problem that arises again and again is that of marriage between individuals of different educational backgrounds. This question is directly related to the fact that many senior high school girls date college boys. The girls frankly ask whether, if the question of marriage arises, their own lack of a college degree will make a difference.

Another question that both boys and girls ask is about the possibility of a happy marriage when wives work outside the home. Attitudes toward spending and saving are regarded as possible causes of disagreement. Teachers working in the program agree that the boys and girls see beyond the romantic promises of popular songs. They know that just being in love does not solve all problems or insure a life of happiness.

In the classes, boys and girls are encouraged to consider the engagement period as one of talking out the practical problems, the differences in point of view and the adjustments that marriage will bring. Girls use the traditional hope chest as a starting place for the dollars-and-cents cost of founding a home. The engagement is regarded as a time for being together often without the excitement and expense of dating and entertainment. Stress is on building attitudes toward marriage as a serious matter of founding a home, not as an extension of the fun of dating.

Parents of both the boys and girls are looked upon as essential in building a sound, happy relationship later when the young couple become another family unit. Attitudes toward in-laws are regarded as important long before they become problems.

### *Personal Matters*

Physical preparation for marriage is regarded as a matter for couples to discuss with family physicians and clergymen. Techniques of marriage are not stressed, although hereditary characteristics, attitudes of society toward premarital experiences are studied and the importance to society of maintaining high moral standards is discussed freely. While students' questions are answered with appropriate reference materials, the relationship between each married couple is regarded as a highly personal and highly confidential matter.

There is never, on the part of any teacher, an intention to isolate the physical aspects of marriage from its social, emotional and moral implications. Sexual relationship, while acknowledged as a fundamental part of home and family living, is presented as only one of the many factors involved in marriage which demands respect and consideration for the individual and for the standards of society.

The wedding is, of course, a favorite topic of discussion, especially for the girls. Teachers stress here that the wedding is an occasion when families and friends give their affectionate approval to the new home. Without preaching, teachers stress the religious ceremony as a fitting beginning.

The kind of ceremony appropriate to the means of the family and the new life of the young couple is encouraged. No matter how realistic the attitudes of young people toward many of the economic problems relating to marriage, many lose their practicality when they plan weddings. The wedding is one of the largest events in many young lives, and however small the first home may be, the girls want a pageant to remember.

Teachers do not ridicule these ideas, but they encourage some fact-finding on costs and the relationships of costs to parents' income. Confronted by facts, the girls are usually willing to modify their more visionary plans.

Both boys and girls are interested in the procedures of getting a license and in the laws regarding marriage.

Discussion of the honeymoon includes costs and the importance of mutual consideration and of regarding the honeymoon as a brief step toward assuming the adult responsibilities of a home.

Teachers take into consideration differences in the future plans of the young people in their classes when they teach in this area of courtship and marriage. There is one approach appropriate for those who expect to be married soon after high school graduation. Another approach is made for those who must defer marriage plans until after college graduation or extended professional preparation. For the latter, the approach is made from a generalized and sociological consideration of marriage as a social institution. For young people who marry early, the approach is much more immediate, direct and concrete.

These differences in needs suggest that teachers cannot look upon the course as a set body of subject matter, but as an opportunity to use their background of information flexibly in meeting specific needs and concerns. These demands will vary from year to year and from class to class.

Units dealing with marriage bring in many problems—economic, emotional and social. One of the most important of these is the rearing of families.

### *Boys and Girls—and Babies*

Teachers find that boys and girls regard the arrival of children as a happy and natural part of marriage. They want to know how children are born and what the new parents must know in order to rear them well. They have very definite ideas about discipline and home standards, some of which definitely reveal inadequacies they have found in their own experience.

They believe that families should include several children. A teacher whose pupils come from economically limited homes said that he expected the boys and girls to regard large families as a curtailment on opportunity for the individual. But he found that they regard the "only child" as being cheated out of the natural experiences of family living. They seriously advocate five or more children as being right.

At all times in these classes, any questions regarding the planning of the size of the family are regarded as questions to be answered, not by the school, but by family physicians and clergymen. The school makes no comment that can be construed as contradictory to any religious tenet with regard to family life.

Experience in the preschool laboratories is helpful in bringing a warmly human note to classroom discussions of child behavior. The experience is especially important to boys and girls who have no small brothers and sisters in the home. Frequently, babies are

brought to school by proud older brothers and sisters to be the center of attention in child-care demonstrations.

Actual contact with infants and small children helps the adolescent to think about the adjustments that must be made in the home by young parents. Discussion sharpens values as to what kind of home they want. Many have talked about democratic living in a political and historical sense, but have not thought about the meaning of democracy as applied to home relationships.

Sometimes, in addition to factual textbooks on marriage, the family and child development, selected lists of short stories and novels are used as a basis for discussion. Through the device of projection into the problems of fictional characters, it becomes easier for students to talk about problems which may be too close to disturbed emotions for consideration in terms of their own lives. "If I had been So-and-So, I would not have married without my parents' consent" may be an outlet for discussing a pressing conflict at home without feeling personally involved in the statements made.

Many books of fiction are recommended by teachers only to those who are emotionally capable of mature comprehension of the situations portrayed. Frequently, a book is recommended to a boy or girl needing help with a specific problem. Through identification with the fictional characters, the reader discovers that he or she is not the only individual facing a difficult situation.

### *What about Divorce?*

Inevitably, in discussions of family life, the question of divorce arises. It is natural that such questions arise when problems of economic needs, religious differences, lack of harmony with relatives, differences of moral and ethical standards and other causes of conflict are analyzed in the light of their effect on families.

Teachers report that the young people ask about divorce in the hope of avoiding it. They want to build strong home and family ties. They are disturbed by the national trend toward casual attitudes toward marriage.

The problem cannot be ignored. It is faced as objectively as possible, with facts, in order to modify highly emotional attitudes. Many boys and girls have had the experience of living in broken homes. Teachers say that these boys and girls are among the most eager to work toward a happy marriage.

Divorce is not allowed to become too important in discussions of marriage. It is regarded as avoidable if men and women approach

marriage with maturity and understanding. Building the foundations for maturity is paramount in the thinking of all concerned in this phase of the instructional program.

### *Reactions to the Program*

Whatever the name of the course, teachers work toward the strengthening of moral teachings of the church and the home. Parents have been invited again and again to participate in planning.

At South High School, the program is of 20 years' standing and is strongly supported by the community. As other schools have added these courses to their curriculum, there has been extensive pre-planning with parents, clergy and others in the community.

Teachers participating in the program have been very carefully selected and have taken specialized training for this work. They agree unanimously on the basic purposes of the courses and upon the approach to problems. They agree that sex education is but one aspect of preparing young people for home and family living. They stress the highest of moral standards and at no time question beliefs of any religious group in the area of marriage and the family.

They all believe that young people need a clean, frank, wholesome attitude toward all functions of the human body. They seek to replace morbid or inaccurate information with facts that eliminate the need to seek for information from questionable sources.

At no time is it the intention of teachers to supplant the home as a source of spiritual guidance. Boys and girls are encouraged constantly to discuss at home the experiences of the work at school. Parents are free to talk over the program at any time when they have questions or suggestions. Their signature is required before pupils are enrolled in any elective course, and ample information is given concerning the content of the courses at the time when electives are chosen. Dissatisfactions that occasionally arise are usually clarified by parent-teacher conferences.

Boys and girls enrolled in the courses give frequent evidence of their approval. They talk to teachers privately. They write back to the school after graduation. They submit anonymous evaluations and suggestions for the courses. They respect the efforts of the school in answering their questions and for giving them reassurance in their vital, personal problems.

# PUBLIC THINKS SEX EDUCATION COURSES SHOULD BE TAUGHT IN THE SCHOOLS

by Kenneth Fink

New Jersey public sentiment is overwhelmingly of the opinion that sex education should be taught in New Jersey schools, judging from a statewide survey recently completed by the New Jersey Poll.

Four out of every five adults questioned in the survey believe sex education courses should be taught in their local schools.

Fewer than one in six is against them.

Highlight of the survey is the reaction of parents with children now in school. Parents who think sex education courses should be in the schools outnumber by a six to one margin those opposed to them.

Another interesting finding to come out of the survey is that the more education people have had, the more they are inclined to think sex education should be part of the local school program. Six out of every seven of those who have had partial or complete college educations hold this opinion.

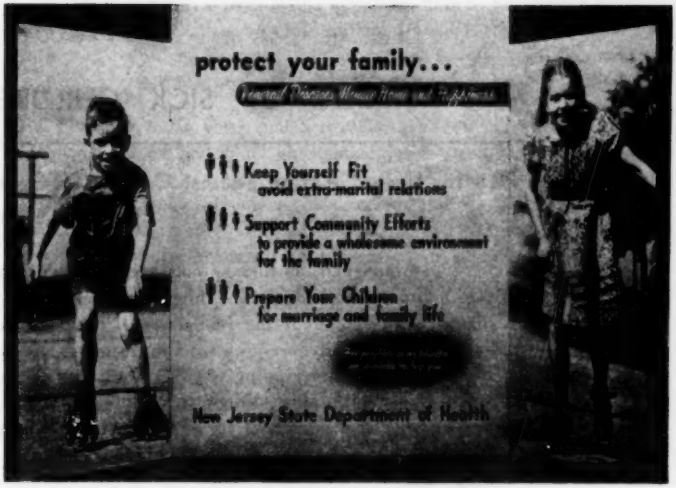
Worthy of particular mention, too, is that at least three out of every four in all population groups measured in the survey think that sex education courses should be in the schools. These groups include young and old, men and women, white-collar and manual workers, people in all educational levels, residents of all sizes of cities, and those with and without children in school.

When New Jersey Poll staff reporters put this question to a cross-section of New Jersey residents:

"Do you think that sex education should be taught in your local schools?"

The response was:

| | *Yes* | *No* | *No Opinion* |
|---|---|---|---|
| TOTAL STATE | 81% | 15% | 4% |
| Have children in school | 83% | 14 | 3 |
| Those with: | | | |
| Grade or no schooling | 76% | 18 | 6 |
| High school training | 82% | 14 | 4 |
| College training | 86% | 14 | 0 |




When all those who said they thought sex education should be in the schools were asked in what grade it should be started, the median grade named by the state as a whole and by those with children in school was the seventh.

Interestingly, every grade from kindergarten through the 12th received some mention.

"In what grade do you believe sex education should be started?"

| | *Total State* | *Have Children In School* |
|---|---|---|
| 4th grade or under | 10% | 13% |
| 5th grade | 10 | 10 |
| 6th grade | 13 | 13 |
| 7th grade | *18 | *23 |
| 8th grade | 19 | 20 |
| 9th grade | 22 | 15 |
| 10th grade & up | 8 | 6 |

* Median grade

# CITY OF SICK CHILDREN

## A Plea for United Action against Congenital Syphilis

by Betty Huse, M.D.

Not so long ago, as time is measured by public health workers, this nation embarked upon a high and hopeful campaign against that age-old enemy of the human race, the spirocheta pallida of syphilis. Great advances toward the ultimate goal of control have been made in the intervening years: a gratifying decrease in reported cases of primary and secondary syphilis, a smaller but definite decrease in the incidence of early latent syphilis, and steadily declining death rates due to syphilis among infants. We have come a long way.

Let us look at the present situation from another angle, however, away from the charted lines that show progress, to the hard core of cases not so far reached by all our public health measures. In so doing, let us focus our eyes on the nation's children, to see how they are benefiting by our work.

Here the picture is not quite so rosy. Every year for the last five years some 14,000 children of the United States were reported to have congenital syphilis, beginning with the babies and including young children up to 10 years old. You will have to take a long look, because there are, in addition, probably 100,000 American children with *undiscovered* congenital syphilis.

If you could gather them together in one spot, they would make a community as big as Utica, N. Y. And every child in that city of sick children would carry in his bloodstream the organism of a disease which may produce blindness, deafness, mental deficiency, physical deformity or premature death.

It cannot be too often stressed that this tragic situation is absolutely preventable. Penicillin is now widely available and is known to be an effective treatment for syphilis. The syphilitic infection cannot enter an infant's bloodstream before the fifth month of pregnancy, and a mother treated before this time will not infect her child. It is a well-documented fact that penicillin, even when administered late in the last trimester of pregnancy, protects the infant in utero. And even when the syphilitic mother fails to receive treatment before the birth of her child, the newborn baby can usually be treated effectively in the first months of life.

These hopeful aspects of the situation offer us all a great opportunity to see to it that no child suffers from congenital syphilis. To accomplish this, we must find and treat every syphilitic pregnant woman and every newborn syphilitic baby in these United States.

It is perfectly clear that a problem of such proportions requires the combined action of physicians, nurses, public health workers, social service agencies and voluntary organizations that, like the American Social Hygiene Association and its affiliates, are concerned with family life. If the preventable tragedy of congenital syphilis can be brought to the attention of all these groups, official and voluntary, working for mothers and children and family welfare, there is no doubt that their combined skills and resources are adequate to bring the disease under control.

As a first step leading to such joint action in defense of the children, the United States Public Health Service and the Children's Bureau have agreed on certain procedures that they believe should be made routine practice in obstetrics and prenatal care:

- At least two blood tests for syphilis should be made as a routine part of every woman's prenatal care, one as early in pregnancy as possible and another shortly before delivery.

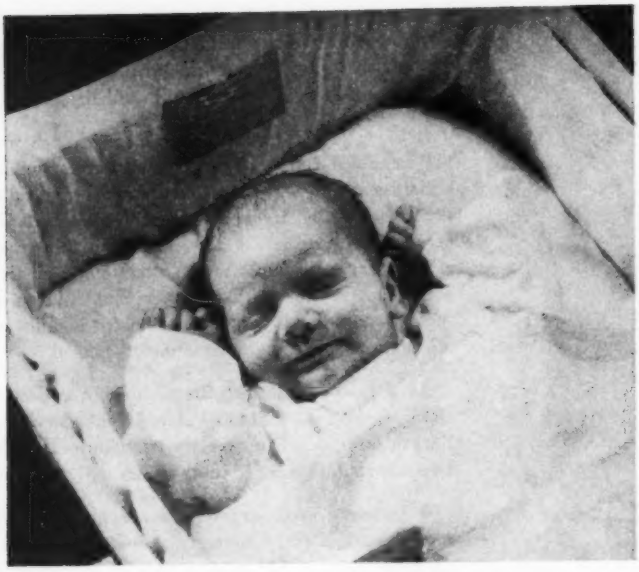
- If the woman is infected, this should be considered a medical emergency and she should receive treatment at once.

- The woman who has been treated should also be given a second blood test near the end of her term to make sure she has not been reinfected. This point needs to be stressed, since it is often overlooked even where the initial testing is in practice.

- The woman who does not come under medical care until the time of delivery in a hospital should be given a blood test as soon as she enters the hospital. If she is found to be infected, she must be treated at once. Treatment given to the mother even just before delivery is also treatment for the unborn baby and thus may be of some help.

- However, any child born of an infected mother, whether she has been treated or not, should be tested within a few days of its birth.

The result of a test given to a very young infant is not decisive. If the physician can observe the infant over a period of four months, he will know whether or not treatment is necessary. If the test is negative over that period and if the mother's syphilitic status is quiescent, it is extremely unlikely that congenital syphilis will develop later.



**Let us concentrate on those early months of his life before and immediately following birth.**

If the physician cannot be sure that he will see the child for four months, he is faced with a very difficult decision. He must run the risk of treating a well child unnecessarily or of letting an infected child go untreated.

Many state medical societies have a maternal and child-health committee with which the state health department's maternal and child-health division works closely. Here is an established mechanism which can be put to good use in the fight against congenital syphilis. Where the medical society has both a venereal disease committee and a maternal and child-health committee, they might work together.

Moreover, through refresher courses, institutes, seminars and talks before medical societies and through publications, professional education can be provided not only for doctors, but also for nurses, medical social workers, nutritionists and others who come in contact with pregnant women.

The woman who is brought to the hospital for delivery without having had any previous medical care presents a special problem.

We have recommended that she be tested for syphilis. To make this effective, the rapid processing of blood tests is essential. Too

frequently, the results of the test are not reported until after the woman has been discharged. This is especially true in these days of short maternity stays.

Since the maternal and child-health program is concerned with hospital facilities and with standards and procedures relating to maternity care, it can promote rapid testing in hospitals. Most state programs have an active hospital consultation service. Their relationships with the obstetric and pediatric staffs are influential in improving hospital practices for the care of mothers and children.

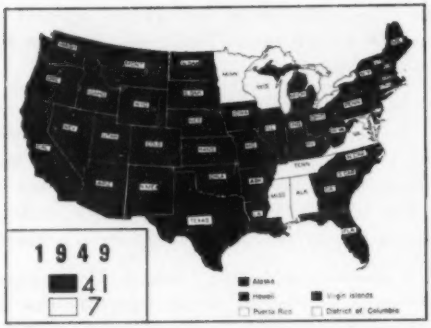
When a physician finds that a woman who has come to him for prenatal care is infected, he should report the case immediately to the health department and treatment should be started without delay. Many of these patients can be treated in rapid-treatment centers or in beds contracted for in hospitals. Perhaps even more could be treated in these centers if the maternal and child-health division were to help out with delivery facilities, obstetric consultation, and the care of well children who must sometimes accompany their mothers to the centers.

It is sometimes difficult, or even impossible, for a woman in the last trimester of pregnancy to leave home long enough for treatment at one of the centers. In such cases, the maternal and child-health service might help to arrange for treatment in a prenatal clinic, hospital clinic or doctor's office.

In all this, we have been thinking and talking of the mother who is under the care of a physician. Actually, of course, many pregnant women are cared for by midwives. In 1947, for instance, midwives delivered some 176,000 babies in the United States, most of them in southern and southwestern states. The midwife, then, is a very important factor in the success of our campaign to locate those 100,000 missing cases of congenital syphilis.

In many states, the health departments are attempting to raise the standards of midwife care. South Carolina, for example, holds annual institutes for midwives where the women are instructed by public health nurses.

In this connection, the Communication Materials Center of Columbia University has prepared a 15-minute radio program on the midwife and congenital syphilis. Venezuela Jones plays the part of a midwife in a moving dramatic story played against a background of spirituals sung by the Hall Johnson Choir. The scene is laid in South Carolina, but the broadcast would be just as valuable, and just as interesting, any place in the country. Health departments, or any other organization interested in this material, can make arrangements for local broadcasts through the Communication Materials Center.




LAWS TO PROTECT BABIES FROM SYPHILIS

Eventually, adequate programs of prenatal care may be all that is needed to combat congenital syphilis. But as things now stand, there will be many children who are not discovered in this way. Their mothers may have had no kind of care at all, or care at a place or time where such a program was not in effect. The search for these children presents many difficulties. But well-child clinics, general practitioners, pediatricians and all who provide health supervision for young children should be on the lookout for them.

It is obvious that each—the general practitioner, the obstetrician, the pediatrician, the nurse, the midwife, the hospital, the health department through its venereal disease and maternal and child-health programs—has a major role to play in solving the problem of congenital syphilis. These are the shock troops.

Behind them must be the supporting forces of which I have already spoken—the community organizations not directly concerned with health problems perhaps, but interested in the well-being of children and of the family. They can use their influence to insure, for instance, that the physicians working in hospitals and health departments have as much time as they need to observe the infant and make a diagnosis. They can help enlist the pregnant woman herself in the campaign, encouraging her to ask for a blood test for syphilis as a routine part of her prenatal care.

Since such agencies reach a large reading and listening public, in cooperation with the health department's venereal disease control and maternal and child-health services they should be able to educate prospective mothers to the kind of care they should have for their own protection and for their unborn children.

The question of a routine blood test for school children is frequently raised. This probably would not be worth while on a

national scale, but among certain groups which have a relatively high incidence of syphilis, mass testing of children under 15 years of age has found as high as 13% positive or doubtful reactions among Negro children and from one to four percent among white. This would seem to warrant mass blood testing of school children under certain circumstances.

The cases of untreated syphilis discovered in any of these ways must never be treated as isolated events. That is, this pregnant woman and this school child are members of families. Congenital syphilis is always a family problem and must be attacked on that basis. If no case of congenital syphilis is to go undiscovered and no new cases are to occur, venereal disease control workers must make certain that they examine all children of syphilitic mothers and all brothers and sisters, as well as parents, of children with congenital syphilis.

It would also be worth while to study each reported case of congenital syphilis, going back to the prenatal history to find out just why the disease had not been prevented. Such studies currently are being made, and will shed light on specific measures that should be taken in the state to tighten up case-finding and treatment among pregnant women.

By and large, however, if we count on waiting until he reaches school-age in order to find and treat the child with congenital syphilis, we are building our house on sand. It may be too late then to prevent the irremediable damage done by the spirochete. Instead, let us concentrate on those early months of his life before and immediately following birth. That is the time for action . . . there is the opportunity to seize.

Another point worth stressing in planning for these children is the frequent need for care over and above anti-syphilis treatment. Here is an area where health and welfare departments can cooperate with maximum effectiveness and to which all organizations working with families can give assistance. We must consider the child with congenital syphilis as a child with a general disease . . . a child who is likely to need special help if he is to achieve the best possible physical and emotional health when his syphilis is cured.

These remarks are not intended to serve as a blueprint for action that would apply in every community of this broad and infinitely varied country of ours. Cooperation will undoubtedly take many different forms in many different places. It will be the cooperation, not the differences, which will count in our efforts to find the missing 100,000. Let us find them soon, treat them early and return them from the city of sick children back to normal, happy, healthy life.

### *To the Reader*

The young serviceman off post, easily identifiable by his uniform, inexperienced in the ways of the world, a stranger in a strange town, a nameless traveler from hither to yon, is the prey—far too often the easy prey—of confidence men, bar girls, prostitutes, pickpockets and other unsavory characters, all bent on separating him from his wallet and its contents in the most expeditious manner by methods that run from ordinary sharp practice to the use of knock-out drops and physical violence.

To put young men on guard against racketeers of this type, Colonel William G. Purdy, provost marshal of the Fifth Army, has written them a letter under the title "You Can Outsmart the Smart Guy." The JOURNAL reproduces Colonel Purdy's text for the information of readers who may not be aware that exploitation of our servicemen is a real problem.

Having learned the facts, you may wish to do something about this home-front aggression: it is no credit to the nation for which these boys are preparing to fight.

## OUTSMART THE SMART GUY!

by Colonel William G. Purdy

You may never have fallen for the convincing line of a confidence man or a "pick-up" and found yourself minus your wallet and valuables, but thousands of servicemen and women have done so, and most of them are just as intelligent as you are.

Because they travel a great deal and are in uniform, which makes them easy to spot, servicemen are a chief source of income for shady characters. In nine months, 121 members of the Armed Forces were robbed, rolled or otherwise had their money stolen. These are only *known* cases. The number of service personnel "relieved" of money, tickets and other valuables who, through embarrassment, did not report such incidents is likely much larger.

In fact, the number of service personnel who are victims of this type of racket has increased to such an extent that this is being printed to show you how to avoid being taken in by these "smart operators."

### *The Confidence Man*

The very word "confidence man" indicates his method of operating. He must gain the confidence of his victim. He does this by engaging in conversation in an inquisitive and friendly fashion. He wants to know how you like the service and usually says he was in one of the services himself. After he has gained your confidence, he is ready to go to work.

The confidence man, or con-man, as he is generally called, must first soften you up with his line. That is the only way he can work. So before going into any further particulars about his methods, remember that nobody can take you in this type of racket unless you talk to him.

The con-man works in all places where people are on the move. He likes stations, trains, buses, hotels and bars. Persons in transit often neglect to report such occurrences because delay would result.

People in hotels and bars may be intoxicated and fail to realize they have been robbed. They are easy picking for the con-man and present less danger because they are not apt to report the incident to police.

Here are some of the most common methods the con-man will use to get your money:

1. A popular game of the con-man is matching coins. One man will open a conversation with a serviceman in a station and suggest going somewhere for a drink—his "treat." In the bar they meet his accomplice, who poses as a particularly easy victim, usually a foreigner. The con-man proposes to the soldier that together they can take over this poor fellow.

   They engage the supposed victim in a three-sided matching of coins, in which the con-man finally wins all of the money from both men. He then takes the serviceman aside and says that this place is too public to make the split and he will meet him at their original location to divide the money they have won from the "foreigner." Of course, he never shows up.

2. Or the accomplice may meet them on the street, and when he has lost his money by matching coins, threaten to call the police, in which case the con-man says to the serviceman, "Run!" and takes off with the serviceman's money.

3. There are many variations on this theme, but usually the con-man works with a partner and is letting the serviceman in on a good thing.

   He may make a straight bet in which both sides put up money with the partner holding the stakes.

   He may "find" a full wallet and offer to divide, both he and the serviceman adding all their money to the pot. He may even let the serviceman hold the "money" placed in an envelope or a handkerchief. The serviceman soon finds that all he has is newspaper.

   It may be an apparently innocent card game on a train.

But whatever method he uses, you can be sure that the con-man will end up with all your money.

Con-men have boasted that they "never took a penny from an honest man." The confidence man holds out the lure of easy money, and the serviceman falls victim when he thinks he is aiding the con-man to take over a third person (the con-man's confederate).

Don't become intimate with strangers in stations or station restaurants. They will entice you into a gambling game in which you will have no chance. You will be beaten with two-headed coins or marked cards. You will be left holding a trick envelope or handkerchief filled with folded newspaper, while the con-man is gone with the real envelope and your money.

### *Bars, Taverns and Night Clubs*

In the subdued light of the bar or night club lurk the bar-girls or B-girls, the easy "pick-ups" and the prostitutes. The serviceman in uniform is a marked man from the moment he enters.

The B-girl is working on a commission basis for the management. She is usually young, comparatively well-dressed and attractive. She enters into conversation with the serviceman at the bar. If he does not offer her a drink, she will ask for one. Her drink will probably consist of enough whiskey to make it smell authentic, the rest being tea or colored water. It will cost the serviceman 60¢ to 75¢, the house practically nothing, and the girl's commission is 25¢.

If the serviceman acts interested, she may invite him to a secluded booth where arrangements are made for taking her home. This is the time to be cautious. If the serviceman has displayed any money, the probabilities are that he will be fed knock-out drops before the evening is over. With the assistance of the bartender or the waitress, the drops are added to his drink, and when he passes out, his money is taken and the B-girl leaves. The "drunken" serviceman is discovered in the booth and escorted to the street by the "bouncer."

Or the girl may take the serviceman to her room, or to a hotel room, where the knock-out drops are administered. After rolling him, she leaves. She may take only part of his money and remain in the room. When he comes to, she tells him that he has spent his money, and since he cannot remember, he has no proof to the contrary.

Another danger of going to a room with a girl is that often a man appears who claims to be her husband and demands your money as "damages." This man may also claim to be a detective and ask for "hush money."

Then there is the panel game, in which the serviceman's clothes are hung in a closet or on a chair. A panel opens into the next room, and his clothes are robbed through this opening.

The B-girl may make a date to meet the serviceman on a certain corner after the bar closes. He is met there, not by the girl, but by a couple of strong-arm men who proceed to rob him. Serious injuries from these robberies have been reported.

The easy pick-up frequents better class bars and night clubs. She is usually an amateur. She may be alone or with another girl. She may only want drinks for the evening, or she may invite you to her room or a hotel room. In general, she is not a knock-out drop artist, but she may demand excessive payment for her company.

The prostitute also may be found in these places, and it is often difficult to distinguish her from the two previously mentioned types. Her methods will be much the same as the other two, often combining them.

You can be certain that all these girls want is money, but remember, too, that they are the chief source of venereal disease.

### *Taxi Drivers*

Taxi drivers in some cities are a source of contact for prostitutes. They get a cut of the money the girl gets from the serviceman, in addition to the money they demand for the contact.

Speaking of taxi drivers, many of them work a game of their own. A taxi driver may tell you the last train to your station has left and offer to take you there for an excessive fee. Check with the station-master on train schedules to make sure, and then if there is no train, pay the taxi driver only what the meter on the taxi shows.

Taxi drivers have been known to rob their customers and put them out in sparsely populated areas.

Pick a taxi from a well-known company. Their drivers are more apt to be responsible. There are many honest taxi drivers, but it is best to make sure.

### *Homosexuals*

Be careful about going to hotel rooms and apartments with persons of your own sex who are not well known to you. Many cases have been reported where servicemen or women have been invited for a drink to the room of a new acquaintance. They felt safe because the person was of their sex. There they were induced to drink to the point of intoxication and had homosexual acts performed on them.

### *Pickpockets*

A pickpocket works in crowds on street cars, elevators, or at entrances and exits to shows or sports events. He also works with a confederate, who pushes you, and while your attention is on this incident, the pickpocket takes your wallet.

The best safeguard for this is to carry your wallet buttoned in your shirt pocket. The pickpocket may split your hip or coat pocket with a razor or sharp knife where the bulge made by your wallet shows and then lift your money. Avoid patting the pocket where you carry your wallet. This instinctive gesture made by most men, locates the wallet for the pickpocket.

You can outsmart these smart guys. Here are some simple rules that will help you to do it:

*DON'T*

1. Don't get into conversation with strangers.
2. Don't gamble with anyone you don't know well. Even among those you know, you can't always tell.
3. Don't think you can make easy money.
4. Don't flash a roll of bills in public.
5. Don't accept drinks from strangers.
6. Don't buy drinks for B-girls.
7. Don't go to a hotel room with a "pick-up," even of your sex.
8. Don't meet a "pick-up" on a corner late at night.
9. Don't carry your wallet in your hip-pocket.
10. Don't carry much money with you at any time.
11. Don't be the "lone wolf" type. When possible, travel in "pairs" with a buddy you know.

If, in spite of this advice, you discover that you have been victimized by con-men, B-girls, prostitutes or pickpockets, report the incident immediately to the nearest civil or Military Police. This will aid substantially in effecting the arrest and subsequent prosecution of the culprit.

If at all possible, be available to civil authorities on trial date to insure prosecution. Many cases have not been brought to trial due to absence of accuser.

# VD AND THE BERLIN AIRLIFT

## A Page from Medical History

by Lt. Col. Harry G. Moseley, USAF (MC)

(From "Medical History of the Berlin Airlift," United States Armed Forces Medical Journal, November, 1950)

The incidence of venereal disease among Airlift troops was excessive. Fortunately, with modern therapy there was little lost time as the majority of patients were treated on a duty status and periods of removal from flying were brief.

Whether or not there have been any undesirable sequela associated with this high incidence cannot be determined at this time, but the fact that the rates were excessive was a cause for concern as it reflected adversely on the morale and discipline of the troops.

The chief cause for this high incidence was the fact that persons suddenly removed from their established homes and placed in a new environment made hasty heterosexual adjustments. This is strongly supported by the marked rise in rates when new troops were brought in and the subsequent decline as readjustment took place and better control measures were effected.

Also contributing to the high rate was the fact that the acceptable recreational outlets were either overcrowded or could not be used because of the shifts on which many persons were working, and until they could have their off-duty time channeled into authorized recreation, there was much time spent in careless sexual pursuits. Another factor was the fact that when bases were expanded and new fields were opened, a large number of camp followers accumulated in the hope of gaining a livelihood from the American troops, self-support being difficult in a war-impoverished nation.

Attempts were made to control the number of transient women in the base areas and to treat those who were infected. Attempts were also made to control exposure, but this was difficult. There was great resentment among the troops against any disciplinary measures taken when they were infected with venereal disease, and it is believed that many received treatment from outside sources. It is difficult to estimate what the rate would have been had all patients reported to Air Force physicians.

As dependents arrived, and as authorized recreational outlets improved, the recorded rate fell. The incidence of venereal disease in the Airlift appeared to be inversely proportional to morale and stability. Whether or not disciplinary measures were beneficial in its control is a matter of conjecture.

## WORLD FRONT AGAINST VENEREAL DISEASE

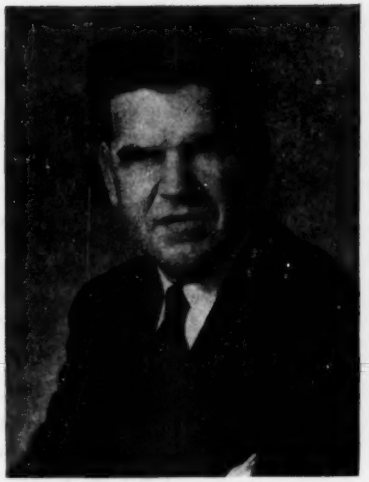
For many reasons, 1950 was an important year for the International Union Against the Venereal Diseases, official international voluntary agency in the VD field.

By 1950, most of the national social hygiene groups who are members of the Union were advocating the use of penicillin for VD, and papers presented at the Union's 27th General Assembly in Zurich last July indicated good results with the drug. VD workers throughout the world had proved for themselves that American techniques of penicillin therapy, formerly regarded with some skepticism in a number of countries, are sound and successful.

In 1950, also, the Union took a step on the road toward improved communications, better reporting and stronger bonds among those in the VD field by discarding the term *hereditary syphilis* in favor of *congenital syphilis*. Thus they resolved a philosophical argument begun years ago when some insisted on using the condemnatory *hereditary syphilis* to emphasize to parents their guilt in transmitting infection to innocent children.

In 1950, a very successful session on congenital syphilis, held in conjunction with the 6th International Congress of Pediatrics, inspired the Union to plan a joint conference, on sex education, with social workers, doctors, psychologists and educators during its 1951 General Assembly in Paris next May, when the Union will be guest of the French Society for Moral and Social Prophylaxis and the French Government.

Perhaps the most dramatic step, in its long-range implications both for the Union's program and for children everywhere, was a resolution recommending that the Union's executive committee consult with appropriate representatives of different cultures about constructive proposals on health and sex education to WHO and UNESCO. The Union pointed out that the problems of health education and sex education differ among cultures and noted the need for collaboration in these fields among doctors, educators, religious leaders and social workers.



Dr. Heller

Climaxing a year of significant progress in the broadening of social hygiene internationally, the Union decided to establish regional offices in Zurich and an Asiatic center to serve Europe and Asia in the same manner that the regional office for the Americas, operated by the American Social Hygiene Association in New York, coordinates the work of the Union's members in the western hemisphere. The Union stipulated that regional office directors will serve as assistant secretaries-general so as to take advantage of their practical experience in program planning and administration.

Accepting in a resolution "the supreme importance of laboratory techniques in which the clinician can have complete confidence," the Union urged the World Health Organization to arrange an international conference on serodiagnostics in 1951 or 1952.

Members of the Union agreed also to recommend that governments prohibit the free sale of penicillin and authorize its sale only on prescription. They felt that on board ship where there is no doctor, a patient should not receive penicillin for VD until he has had a medical examination.

Finally, in line with its policy of cooperation with other international organizations, the Union moved toward closer affiliation with WHO and UNESCO, welcoming their representatives as well as observers from the League of Red Cross Societies and the International Alliance of Women.

### *Honor Dr. Snow*

The Union opened its General Assembly with an impressive service honoring the memory of Dr. William Freeman Snow, its president for the last three years. His sudden death, only a few weeks before the meeting, stunned and grieved the international group, to whom he had given years of devoted attention and inspiring leadership. Dr. Bruce Webster, chairman of the United States delegation, read a message Dr. Snow had prepared for the conference.

A special feature of the Zurich meeting was an American exhibit, prepared jointly by ASHA and the USPHS, illustrating the scope of cooperation between the voluntary and government agencies in the United States in VD control and prevention.

The Swiss Society Against the Venereal Diseases and the Swiss Government were hosts to 75 delegates from 29 countries. In addition to Dr. Webster, the United States delegation included Mrs. Josephine V. Tuller, director of ASHA's division of international activities, secretary; Franklin M. Foote, M.D., executive director of the National Society for the Prevention of Blindness, New York City; and John R. Heller, Jr., M.D., director of the National Cancer Institute, Bethesda, Md.

Three Americans—Dr. Webster, Mrs. Tuller and Dr. Heller—are among the new officers of the Union.

The Union's new executive committee includes:

Dr. E. H. Hermans, The Netherlands, president; Dr. Leon Dekeyser, Belgium, vice-president; Col. L. W. Harrison, Great Britain, vice-president; Dr. John R. Heller, Jr., United States, vice-president; Professor K. Gawalowski, Czechoslovakia, vice-president.

Dr. A. Cavaillon, France, secretary-general; Prof. W. Burckhardt, Switzerland, assistant secretary-general; Mrs. Josephine V. Tuller, United States, assistant secretary-general.

Dr. H. Gougerot, France, technical counselor; Dr. H. Brun-Pedersen, Denmark, technical counselor; Dr. A. J. King, Great Britain, technical counselor; Professor G. Canaperia, Italy, technical counselor; Dr. Bruce Webster, United States, technical counselor; Dr. H. Moura Costa, Brazil, technical counselor; Professor L. M. Pautrier, France, technical counselor.

Mr. J. Pfeiffer, France, legal counsel; (to be appointed) treasurer; Miss Marguerite Troue, France, administrative secretary.

# NEW RESPONSIBILITIES IN VD CONTROL

by Dorian Paskowitz, M.D., and
Walter B. Quisenberry, M.D.

In August of 1949, the Bureau of Venereal Diseases and Cancer Control of the Department of Health, Territory of Hawaii, embarked upon a program to study 12 cases of highly promiscuous women of varying ages, races and educational levels. The purpose of the study was to gain a better understanding of the psychodynamics of the highly promiscuous female.

That it would not be possible to conduct a well-controlled research program was known from the beginning. But it was hoped that the investigation would aid in clarifying the Bureau's responsibilities in the fields of mental and social hygiene in relation to the work of a venereal disease control program.

Now, after carrying on the program for approximately 15 months, and after applying our findings to the work of venereal disease control, we feel that the study has better prepared us to take an active part in the mental and social hygiene programs operating within the community.

It would be very encouraging if we had, as a result of the time we spent, arrived at some original and unique conclusions regarding the psychodynamics of the highly promiscuous individual. Unfortunately, this was not so. Nevertheless, we have been able to substantiate, through our own investigation, some of the conclusions reached by other workers in this field.

More important than our observations, however, and the reason this Bureau is sharing our experience through this article, is the fact that benefits have resulted to our venereal disease control

program and to the community, generally and specifically, as a direct result of our participation in this work. The most important and practical conclusion drawn from the study is the awareness that venereal diseases, and the spread of venereal diseases, is dependent in the main on sexual promiscuity, which, in turn, is directly related to a disorder of personality.

In our study of the selected 12 women, an average of six to ten hours of interviews was spent with each of them. Eight of the women had been prostitutes, six still were. As a group, their cooperation was outstanding . . . they were most anxious to tell of some of their personal worries.

All of the individuals were considered by approximation to have average intelligence, with at least one-third probably at the college level. Most of them were able to verbalize quite remarkably regarding their individual complaints, and very often their reflective thinking, as indicated in written biographies, was outstanding in clarity and insight.

Three of the women were able, through insight derived from the interviews, to decrease the number of their promiscuous exposures. One of them was able to give up her unusual behavior and to get married. The last follow-up on this patient, six months after her treatment, indicated her prognosis still to be encouraging.

Some of the conclusions derived from this study were in keeping with those expressed by Dr. Richard A. Koch and his associates in their psychiatric study of the promiscuous personality.* Perhaps the most outstanding emotional trait evidenced by these patients was the limited scope of their personality and the marked fear that was operating in their social relationships. Immaturity, both of a social and emotional nature, was almost universally present.

It was also strikingly evident, and in a sense somewhat paradoxical, that on the average these women manifested a lesser degree of sensuality than would be considered average. Only a very few of them had had satisfactory sexual partners, and at least one-third of them had never experienced complete sexual satisfaction.

### *They Showed Resentment*

A very common attitude which occurred in at least 75% of these individuals was strong resentment toward one or both parents. In the majority of cases, the resentment was limited exclusively to the mother. These same women showed noticeable limitation of companionship with members of their own sex. They not only had few or no satisfactory friendships with other women but were strikingly suspicious of them.

* A Psychiatric Approach to the Treatment of Promiscuity, by Safier and others. ASHA Pub. No. A-741, 75¢.

Homosexuality was practiced by three of the group, two of whom spoke of homosexual experiences as satisfactory and sought after. This subject was not discussed by every woman interviewed, but it is the feeling of the observers that homosexuality may have been common to the majority.

Eleven of the 12 cases had come from broken homes and the twelfth from a home in which there was considerable marital disharmony. It is interesting to note that in the one case the home was of the highest economic level. During early adolescence, the girl had become aware of the continued infidelity of her father and had discussed the subject with him. She also knew that his unfaithfulness was unknown to her mother.

The final interesting observation was the high percentage of the group who sought sexual partners of a somewhat permanent nature from races markedly distinct from their own. Caucasian women, for example, frequently chose Negro or Oriental men. Because of the polyglot nature of the population in Hawaii, this interracial selection, of course, is easily made and not severely frowned upon socially.

Of the 12 women, six were Caucasian; three were Negroes; one, pure Hawaiian; one, Hawaiian-Caucasian; one, Filipina. The most permanent sexual and personal relationships established by nine of the 12 women were with partners of a strikingly different racial character.

The exceptions were the three Negro women. They had established permanent relationships with husbands of the same race. It is interesting to note, however, that two of these three women were the only ones in the study who outwardly expressed little evidence of guilt or disturbance about long-standing homosexual relationships with women of the same or different race.

As previously mentioned, we feel the primary importance of this study is not the data compiled on the sexual behavior of 12 women.

The important result of the study has been the development of a new approach in our work of venereal disease control based on our awareness of the relationship between venereal infections and personality problems. We would like to describe some of these benefits in detail, since they represent the essential justification for this report.

Staff members of our Bureau have actively accepted their new responsibilities in the light of this new approach to their venereal disease control work. Realizing the relationship between sexual promiscuity and emotional problems, they have tried to isolate during routine venereal disease interview sessions areas in which the patient might have specific emotional difficulties which require counseling and guidance.

This function is carried on primarily by our nurse epidemiologists. They frequently note emotional problems and refer patients to appropriate treatment agencies when such agencies are available. Since they see that a large number of these problems involve marital conflicts, the staff places considerable emphasis—as a preventive measure—on skillful interrogation of couples who come to the Bureau for their mandatory premarital blood tests.

Understanding some of the dynamics of the behavior of our most promiscuous venereal disease patients, especially of those in whom there is evidence of resentment toward members of their own sex, we have been able to vary our interviewing techniques in such a way as to obtain more valuable contact information, as well as to establish a close and friendly relationship between the investigator and the woman interviewed.

### *Advantages Result*

It goes without saying that a better understanding of our patients results ultimately in our patients' placing more confidence in us. Good rapport, established with several of our most notorious females and generally within the most promiscuous segment of our clinic population, has served to popularize the fact that our Bureau is a friendly, uncoercive institution where services are personalized and advice and counseling are available. Recently, we have found it easier to get contact information from this most promiscuous group, a situation that we feel has resulted from this good rapport and our new approach in venereal disease control.

It has been to our advantage throughout this project to work closely with the Honolulu Police Department's morals division. We have been able, through such cooperation, to learn more of the activities of the subjects of our study and to gain the cooperation of the Police Department in the job of rehabilitation. They have rendered us excellent service and have been quick to re-evaluate some of their "problem girls" with a more sympathetic eye.

A joint coordinating committee has been formed by the Police Department's morals branch and the Bureau of Venereal Diseases. This committee has served as a common meeting place to discuss matters pertaining to vice, venereal disease and narcotic addiction, as well as the mental and social hygiene aspects of abnormal behavior. The committee, which now serves many other useful functions which materially assist us in the control of venereal disease, is a long-term benefit which developed as a by-product of the personality study. Further extension of its functions will see the addition of representatives from the courts to meet with us in

round-table discussions of behavior problems which pertain to the interrelated activities of the Bureau of Venereal Diseases, the Police Department and the courts.

Since it has been necessary to refer several cases in the group studied to other voluntary or official agencies working in the field of mental health, our Bureau has had an opportunity to learn of the mental hygiene resources available in the community. As a result, it has been possible to establish close working connections with these agencies for the referral of many other emotional problems noted within the last 15 months by the Bureau of Venereal Diseases.

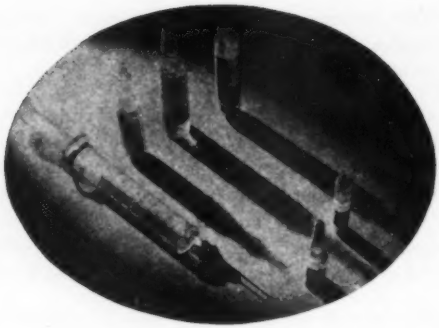
Finally, through working closely with 19 separate voluntary and official mental health agencies, we have been able to see in a broad sense where there is need for better integration of services among the various mental health and human relations programs. The Bureau of Venereal Diseases has attempted to stimulate coordinating meetings where the agencies involved might meet to discuss the problems of interlocking functions and limitation of resources, and to resolve those areas which require greater community support in order to strengthen the overall community mental health program.

It should be especially noted that very close working relationships have been established with the Department of Health's bureau of mental hygiene, the Mental Hygiene Society, and the Department of Public Instruction. The Bureau of Venereal Diseases has tried to take an active part in the mental health educational projects sponsored individually and collectively by these agencies.

In summary, it can be said that through a very limited study of the emotional patterns of the promiscuous patient, the Bureau of Venereal Diseases has been able to become realistically aware of the relationship between the spread of venereal diseases and the personality of the patient. As a result, the Bureau of Venereal Diseases has been able to enthusiastically endorse the opinion that "penicillin is not enough."

It is our conclusion that a venereal disease center is virtually a clearing-house of emotional ills. It is our opinion that attempts should be made to incorporate mental health services into the operation of a venereal disease control program, either through direct services or referral of specific cases to appropriate guidance agencies which work in close connection with the Bureau of Venereal Diseases.

In order to give to our Bureau this vital service, it has been necessary to participate actively in many varied phases of our community's overall mental health program. Such efforts, we feel, are of basic importance in the control of venereal diseases.



## STRANGE STORIES IN VD RECORDS

**From the Arkansas Health Bulletin, June 1950**

Five unusual case histories on venereal disease have just been published by the Arkansas State Board of Health in its drive to uncover and treat syphilis and other venereal infections. These stories illustrate how this disease may be contracted innocently or in some strange manner, and its effect on the lives of average Americans.

First in the series of true cases taken from the files of the health department is the story of a teen-age group of boys and girls. A number of young girls gave a birthday party. Along with normal party activities, the young couples played a streamlined type of post office kissing game. The results of this game shocked the whole community, as five of the girls became infected with lip sores that were syphilitic. One boy had spread the infection. Fortunately, it was discovered early, and all cases were successfully treated.

A second story deals with a young woman who contracted the disease through a blood transfusion given by her own father. Normally this could not happen, as all blood is tested before a transfusion is given, but in this emergency case there was no time to check the father's blood. None of the others in the family was infected, and the young woman was treated before the disease could harm her permanently. The father was not so fortunate, but treatment voided the possibility of blindness and insanity caused by undiscovered late syphilis.

Fantastic could be the label applicable to the third story of four members of a family of six that were infected with syphilis through contact with a young relative visiting the family. The young girl

infected a five-year-old boy, who in turn passed the disease to a younger sister, his mother and her six-month-old baby. All were treated before complications set up.

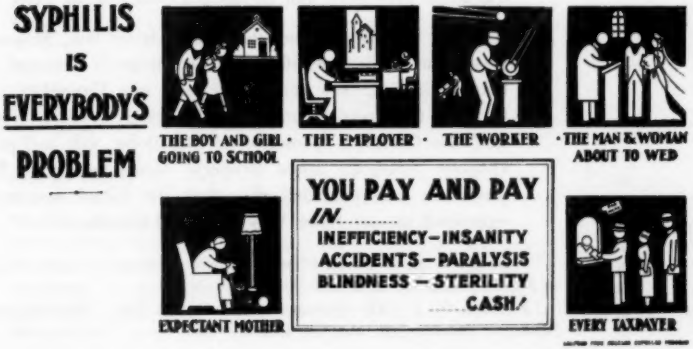
The fourth case concerns a giveaway that even the modern quiz programs haven't equaled. A successful automobile dealer suddenly found that his partner had given away several brand-new automobiles with no questions asked. On checking up, he found that his partner's mind had become unstable as a result of a syphilis infection contracted in France during the first world war.

Last in the series tells the story of a young college boy who becomes infected with syphilis as the result of one evening's misadventure. A toothache, a drink to ease the pain, then too many drinks and a girl pick-up almost ruined a bright career for this young man and his sweetheart. His primary lip sore was treated by the health department, and luckily he did not infect the girl he was engaged to.

Most of these stories have a happy ending, but such is not the case with many persons, who, even now, are infected with syphilis. Years later, if not found and treated, the disease can cause blindness, insanity, heart trouble, paralysis and even death.

These stories, therefore, serve as an illustration that the disease of syphilis is everywhere and can be contracted in strange or unusual ways in addition to sexual relations, which are responsible for the transfer of over 90% of all venereal infections.

The moral to this information is to get a periodic blood test for syphilis from your doctor or health department, whether or not you suspect infection.



# INTERSTATE MARRIAGES AND THE MASSACHUSETTS PREMARITAL LAW

by Nicholas J. Fiumara, M.D., M.P.H.

On March 23, 1949, venereal disease control officers of New York and the New England states agreed upon the essentials of a premarital examination law and an acceptable premarital medical certificate form which could be used for intrastate as well as out-of-state marriages.[1] Following this, the Massachusetts premarital examination law was changed by legislative action on February 20, 1950, and became effective on May 21, 1950.[2]

The major changes in our new premarital law are:

1. The requirement that individuals with communicable syphilis receive treatment prior to marriage.

2. The acceptance of physical examination reports of any physician in the United States and its territories; of medical officers of the Armed Forces; and of United States Public Health Service and Canadian physicians, provided that the blood sample has been examined by a laboratory of any state health department, territory of the United States, District of Columbia or New York City, or a laboratory of the United States Armed Forces, Public Health Service or provincial health department of Canada.

3. The acceptance of premarital examination certificates of other states, territories, Washington, D. C., New York City, and the Canadian provinces, under certain conditions and provided that their laws are compatible with ours.

As of December 15, 1950, 39 states, three territories and four Canadian provinces had premarital examination laws (Table I).

Under our new premarital examination law, Massachusetts will accept the medical certificates, when properly executed, of 34 states, two territories, New York City and one Canadian province. In turn, at the present time, only 16 states, Alaska, New York City and the Canadian province of Manitoba will accept the Massachusetts certificate when properly completed by a Massachusetts physician and provided also that the blood specimen has been examined at our State Wassermann Laboratory.

[1] Fiumara, N. J., et al. A Plan to Simplify Premarital Laws. American Journal of Public Health, 40:1238–1240, Oct. 1950.

[2] Fiumara, N. J. The Premarital Examination Law. New England Journal of Medicine, 243:238–240, Aug. 10, 1950.

## TABLE I

### PREMARITAL LAWS IN THE UNITED STATES AND CANADA

**Reciprocity between Massachusetts and Individual States, Territories, New York City, and Canadian Provinces**

December 1, 1950

| State, Territory or Province | Massachusetts Certificate Acceptable in Listed State | Out-of-State Certificate Acceptable in Massachusetts | Waiting Period in Days between Application for and Issuance of License | Number of Days Blood Test Valid in Listed State |
|---|---|---|---|---|
| Alabama | No | Yes | 0 | 30 |
| Alaska | Yes | Yes | 3 | 30 |
| Arizona | NO LAW | | 0 | |
| Arkansas | NO LAW | | 0 | |
| California | Yes | Yes | 3 | 30 |
| Colorado | Yes | Yes | 0 | 30 |
| Connecticut | Yes | Yes | 5 | 35 |
| Delaware | Yes | Yes | 24 hrs., residents 4 days, non-res. | 30 |
| District of Columbia | NO LAW | | 5 | |
| Florida | No | Yes | 3 | 30 |
| Georgia | No | Yes | 0 | 30 |
| Hawaii | No | Yes | 3 | 30 |
| Idaho | Yes | Yes | 0 | 30 |
| Illinois | No | Yes | 1 | 15 |
| Indiana | No | Yes | 0 | 30 |
| Iowa | Yes | Yes | 0 | 20 |
| Kansas | Yes | Yes | 3 | 30 residents 20 non-res. |
| Kentucky | No | Yes | 3 | 15 |
| Louisiana | Yes | No* | 3 | 15 |
| Maine | Yes | Yes | 5 | 30 |
| Maryland | NO LAW | | 2 | |
| Michigan | No | Yes | 5 | 30 |
| Minnesota | NO LAW | | 5 | |
| Mississippi | NO LAW | | 0 | |
| Missouri | Yes** | Yes | 3 | 15 |
| Montana | Yes | No | 0 | 20 |
| Nebraska | No | Yes | 0 | 30 |
| Nevada | NO LAW | | 0 | |
| New Hampshire | Yes | Yes | 5 | 30 |
| New Jersey | Yes | Yes | 3 | 30 |
| New Mexico | NO LAW | | 0 | |
| New York State | Yes | Yes | 0 | 30 |
| New York City | Yes | Yes | 3 | 30 |
| North Carolina | No | Yes | 3 | 30 |
| North Dakota | No | Yes | 0 | 30 |
| Ohio | No | Yes | 5 | 30 |
| Oklahoma | No | Yes | 0 | 30 |
| Oregon | No | Yes | 3 | 10 |
| Pennsylvania | No | Yes | 3 | 30 |

## TABLE I—(continued)

### PREMARITAL LAWS IN THE UNITED STATES AND CANADA

**Reciprocity between Massachusetts and Individual States, Territories, New York City, and Canadian Provinces**

**December 1, 1950**

| State, Territory or Province | Massachusetts Certificate Acceptable in Listed State | Out-of-State Certificate Acceptable in Massachusetts | Waiting Period in Days between Application for and Issuance of License | Number of Days Blood Test Valid in Listed State |
|---|---|---|---|---|
| Puerto Rico | No | No | | 10 |
| Rhode Island | Yes | Yes | 0 residents and male non-res. 5 non-res. females | 40 |
| South Carolina | NO LAW | | 24 hours | |
| South Dakota | No | Yes | 0 | 20 |
| Tennessee | No | Yes | 3 | 30 |
| Texas | No | Yes | 0 | 15 |
| Utah | No | Yes | 0 | 30 |
| Vermont | Yes | Yes | 5 | 30 |
| Virginia | No | No | 0 | 30 |
| Virgin Islands | NO LAW | | | |
| Washington | NO LAW | | 3 | |
| West Virginia | No | Yes | 3 | 30 |
| Wisconsin | No | No | 5 | 15 |
| Wyoming | No | Yes | 0 | 30 |
| | | CANADA | | |
| Alberta | No | No | | 14 |
| British Columbia | Law never put into effect | | | |
| Manitoba | Yes | No | 0*** | 30 |
| New Brunswick | NO LAW | | | |
| Newfoundland | NO LAW | | | |
| Nova Scotia | NO LAW | | | |
| Ontario | NO LAW | | | |
| Prince Edward Island | No | No | 7 | 30 |
| Quebec | NO LAW | | | |
| Saskatchewan | No | Yes | | 30 |

* No official certificate prescribed.

** Attach the Wassermann Lab. slip to Mass. Premarital Form.

*** Special authorization required for out-of-state residents.

NOTE: An out-of-state premarital examination certificate acceptable in Massachusetts must be signed by a physician licensed to practice in any of the states, District of Columbia and territories of the United States or a medical officer of the U. S. Armed Forces or Public Health Service. The blood test for syphilis must have been performed at a laboratory operated by or for a State Department of Public Health, District of Columbia, New York City, or Territorial Health Department of the United States, a laboratory of the Armed Forces or Public Health Service of the United States, or a laboratory of a Provincial Health Department of Canada.

In Table II are listed the 14 states and Hawaii which, while requiring that their own premarital certificate be used, will accept the signatures of Massachusetts physicians and the results of our State Wassermann Laboratory.

### *Conclusion*

The new Massachusetts premarital examination law has made it possible for us to carry out more effectively the basic objectives of a premarital examination law. It has also provided the legal machinery for facilitating and making it more convenient for out-of-state residents to be married in Massachusetts as well as for Massachusetts residents who are planning to be married elsewhere in the United States and in Canada.

## TABLE II

### STATES, TERRITORIES AND CANADIAN PROVINCES REQUIRING OWN PREMARITAL CERTIFICATE BUT ACCEPTING THE LABORATORY REPORT OF STATE WASSERMANN LABORATORY AND PHYSICAL EXAMINATION OF MASSACHUSETTS PHYSICIAN (DECEMBER 1, 1950)

| State | Massachusetts State Wassermann Laboratory Report Acceptable | Massachusetts Physician's Physical Examination Report Acceptable |
|---|---|---|
| Alabama | Yes | Yes |
| Florida | Yes | Yes |
| Georgia | Yes | Yes |
| Hawaii | Yes | Yes |
| Illinois | Yes | Yes |
| Indiana | Yes | Yes |
| Kentucky | Yes | No |
| Michigan | Yes | Yes |
| Nebraska | Yes | Yes |
| North Carolina | Yes | No |
| North Dakota | Yes | Yes |
| Ohio | Yes | No |
| Oklahoma | No | No |
| Oregon | Yes | No |
| Pennsylvania | Yes | No |
| Puerto Rico | Blood test not required | No |
| South Dakota | Yes | Yes |
| Tennessee | Yes | Yes |
| Texas | Yes | Yes |
| Utah | Yes | Yes |
| Virginia | Yes | Yes |
| West Virginia | Yes | No |
| Wisconsin | Yes | Yes |
| Wyoming | Yes | No |
| CANADA | | |
| Alberta | No | No |
| Prince Edward Island | No | No |
| Saskatchewan | Yes | No |

# PREMARITAL COUNSELING AS AN ADJUNCT TO THE PREMARITAL EXAMINATION LAW

## Four Years' Experience with Individual Premarital Counseling in a Public Health Clinic

An Abstract of a Report
by Stella B. Soroker, M.D.

Because patients wanted facts and reassurance in preparation for their coming marriages, the Women's Premarital Clinic in Los Angeles decided in 1945 to inaugurate a premarital counseling service in conjunction with its syphilis testing program.

From 217 patients selected because of youth, virginity, anxiety or personal request, the service tried to discover the type of information the girls desired and, by limited counseling, to prevent maladjustments rooted in ignorance and anxiety.

In each case, the clinic recorded the girl's vital statistics, questions, level of education and information, general attitude, intelligence and degree of emotional maturity.

Although the group's educational level was high, only 27% had received anything approaching adequate training for family life, and many lacked information basic to any discussion of the sexual side of marriage.

Counseling varied according to the type of questions the girls most frequently asked. The interview covered preparation for marriage, factors influencing marital success, anatomy and physiology, sex, democracy in marriage, discussion of the girl's individual questions, medical referrals, presentation of a marriage pamphlet, and a reminder that postmarital advice was available. There was no organized follow-up.

About 75% of the girls were receptive, responsive, mature; others were anxious and poorly adjusted. Many girls working in offices near the clinic availed themselves of the counseling service.

After four years' experience with this type of brief counseling, the clinic feels that the interview should include the husband-to-be and that the couple should have access to the services of a mental hygiene consultant.

To furnish essential information, clear up misconceptions and relieve apprehension, and to screen individuals who might require more extensive counseling or psychiatric help before marriage, the clinic considers counseling a desirable public health adjunct of the premarital examination.

## BEHIND THE BY-LINES

### Dr. Kenneth E. Oberholtzer
### Miss Myrtle F. Sugarman

It was TIME's story on the Denver schools (and cover picture of Superintendent Oberholtzer) almost a year ago that inspired ASHA's editors to solicit the delightful article by Dr. Oberholtzer and Miss Sugarman in this issue of the JOURNAL OF SOCIAL HYGIENE.

Said TIME last February 20, "In many ways Kenneth Oberholtzer is a schoolman's schoolman." Confirming that evaluation of the man, the American Association of School Administrators last month elected him their president . . . top recognition for a public school head.

Son of a schoolman, Dr. Oberholtzer studied at the University of Illinois and received his Ph.D. at Columbia University's Teachers College.

Now 46, he is superintendent of the Denver school system . . . 56,000 pupils, almost 2,000 teachers, five high schools, 11 junior highs, 63 grade schools and a special school for handicapped children. Before going to Denver in 1947, he was school superintendent of Long Beach, Calif., youngest superintendent of any city of 100,000 population or more.

Miss Sugarman is supervising teacher in the Denver school system's department of publications.

### Dorian Paskowitz, M.D.
### Walter B. Quisenberry, M.D.

After he finished Stanford University Medical School in 1945, Dr. Paskowitz spent almost three years in the Navy . . . "the most interesting part, the Bikini test."

Then followed seven months of general practice before "a real medical adventure" in the Bureau of Venereal Diseases and Cancer Control, Department of Health, Territory of Hawaii. He is working in family relations, marriage counseling and psychiatric rehabilitation of the promiscuous . . . "to me the new horizon in VD control."

Born in Galveston, reared in a little beach town near San Diego, Dr. Paskowitz has given his heart to the land Dr. Ira Hiscock of Yale calls "potentially the healthiest spot on earth" . . . the Hawaiian Islands. He adds that "nothing gives me more pleasure than the practice of medicine, except, of course, my wife Elizabeth and our new daughter Claudia."

■

Dr. Quisenberry, with whom Dr. Paskowitz collaborated in writing "New Responsibilities in VD Control," is his chief in the Bureau of VD and Cancer Control.

■

Dr. Stella B. Soroker is on the staff of the Los Angeles Department of Health.

## Col. William G. Purdy, MPC

Texas-born Colonel Purdy has given over 30 years of service to his country. Appointed a second lieutenant in the infantry in 1917, he served with the 12th Infantry Division and the 42nd, 50th and 8th Infantry Regiments.

During World War II he was assistant chief of staff G-3 for the 41st Infantry Division, commanded the 162nd Infantry Regiment and then served as provost marshal on General MacArthur's staff.

He has served in two armies of occupation, in Germany from 1919 to 1923, in Japan from 1945 to 1948.

Colonel Purdy, who holds the Distinguished Service Medal, Legion of Merit and Bronze Star, is the father of four sons and a daughter: Lt. Col. William A. Purdy, 1941 West Point graduate; Lieut. James G. Purdy, USAF, killed in action in 1943; Cadet John T. Purdy, U. S. Military Academy; Pfc. Richard A. Purdy, U. S. Marine Corps; and Mrs. E. L. Sansom, whose husband, Captain Sansom, USAF, was killed in 1943.

■

Kenneth Fink, who directs the New Jersey Poll, is director of the Princeton Research Service, Princeton, N. J., an independent nonpolitical organization devoted exclusively to public opinion research.

■

Lt. Col. Harry G. Moseley, USAF (MC), is deputy air surgeon of the United States Air Force in Europe.

## Betty Huse, M.D.

Dr. Huse's special interest as a pediatrician is in cardiology, and to her work with the Children's Bureau she adds weekly service in the out-patient department of the Children's Hospital of Washington.

Born in Norfolk, Neb., she was graduated from Cornell University Medical College in 1933. She holds certificates from the National Board of Medical Examiners and the American Board of Pediatrics, and is a member of the American Academy of Pediatrics.

After serving as assistant resident in the pediatrics department of New York Hospital and as an instructor in pediatrics at Cornell, she became assistant chief of program planning in the Health Services Division of the Children's Bureau. She is now in the Division of Maternal and Child Health.

Dr. Huse is the wife of Josef Pielage, an artist of Dutch birth, and the mother of a five-year-old.

## Nicholas J. Fiumara, M.D.

Except for the war years, Dr. Fiumara, like any proper Bostonian, has stayed close to the Charles River.

He went to Boston College, received his M.D. from Boston University's School of Medicine and his Master of Public Health from Harvard, where he studied VD control methods under Dr. Walter Clarke, ASHA's executive director.

Now director of the Massachusetts Department of Public Health's division of venereal diseases, he previously served as epidemiologist and district health officer.

# BOOK NOTES

***THE CRIMINALITY OF WOMEN, by Otto Pollak. Philadelphia, University of Pennsylvania Press, 1950. 180p. $3.50.***

Professor Pollak has performed a notable service in bringing together in this volume a good part of the literature relevant to the nature and etiology of female delinquency.

His major thesis here, quite admirably defended, is that, contrary to traditional assumptions and the apparent significance of available statistical data, in fact there do not exist meaningful and demonstrable differences between the volume of male and female crime. Alleged differences, it is maintained, reflect instead the higher visibility of men's law violations: Women are characterized by deceitfulness and concealment in their criminality, so that their "masked crimes"—undetected and unrecorded—make up a far higher proportion of their antisocial acts than is true for the male.

Thus, their abortions, petty larcenies and prostitution, in none of which are prosecution rates any real index of frequency of violations, go far to make women's crime rates similar to those for men: "At least in our culture, women are particularly protected against the detection of criminal behavior on the one hand and exposed to a wealth of irritations, temptations, and opportunities which may lead them to criminal behavior on the other."

The author finds that female criminality is differentiated from the male, however, not so much in the types of crimes they commit as in the ways in which they commit their offenses and in the etiology of their crimes. Women are more frequently instigators, accomplices and accessories than principals. The objects of their corruption are children, family members and personal associates rather than strangers. Subtlety and concealment are more characteristic than direct and overt aggression.

These qualities are deemed to reflect the physiological peculiarities of the female—her passive erotic role, menstruation, the menopause, pregnancy—and the accompanying psychological responses, defensive and protesting.

The trend of crime rates, moreover, is toward an increase in female criminality, for women today continue to occupy the traditional homemaking roles which have been associated with their domestic offenses, while at the same time they assume wage-earning functions that facilitate new varieties of female crimes. As the author states in summary: "In short, the criminality of women reflects their biological nature in a given cultural setting."

This study provides useful comparative research data from the literature of European countries. It concludes with an excellent summary and bibliography and a short index.

PAUL W. TAPPAN

*HOW TO HELP YOUR CHILD IN SCHOOL, by Mary and Lawrence Frank. New York, Viking Press, 1950. 368p. $2.95.*

This book is practical. Modern principles of child growth and learning are translated into easy-to-understand language. Applications in realistic life situations make the principles come alive for the reader and have real meaning. Modern school methods and philosophy are so clearly and accurately interpreted that the reader, inevitably, acquires an intelligent understanding of them.

Parents will find reassurance for their failures and inspiration for their future efforts. Teachers will find a greater understanding both of parental problems and of the interaction of home and school experiences in the life of the child. In fact, HOW TO HELP YOUR CHILD IN SCHOOL is good reading for *anyone* interested in understanding the child. Therefore, it should be in public libraries, classified not only as parent education but also as life adjustment literature.

The organization is clean-cut. An overall view of the home, the school, child growth and learning precedes the step-by-step progress of the child from nursery school through the sixth grade. The *why* of behavior is the focal point of interest throughout. A short but pithy closing chapter on the parent, teacher and community leaves the reader challenged and eager to start *doing* what he has been learning.

The book is indexed and has a list of organizations helpful to parents and a chapter-by-chapter bibliography combined with a reading list. Mr. Frank has made many fine contributions in the field of child guidance, but this book, written in collaboration with his wife, is one of the best things that he has done.

MRS. PAYTON KENNEDY

*EDUCATING OUR DAUGHTERS, by Lynn White, Jr. New York, Harper & Brothers, 1950. 166p. $2.50.*

President White of Mills College has some telling comments to make on that quirk in our society that educates women to be successful men and then expects them to be successful women. The result is that women have little respect for their purely feminine functions in society.

Three things are important in a woman's education: she must be prepared to meet the crises of the twenties and the forties; she must understand the peculiar development of the condition of women in America; she must be provided with a study atmosphere that respects feminine interests and activities.

The family as such should be a subject for study, with little emphasis on neurotic aspects, and family values should permeate literature and history courses. Lending prestige to the family, making a woman glad she is a woman, arousing in her a personal interest in volunteer community activities, educating her for catastrophe—not merely for success—these are the functions of education for women.

The problem of combining a career with a family is in reality one of keeping alive vocational skills and contacts so that when her children are grown, the middle-aged woman may find new outlets.

*FAMILY, COMMUNITY, AND MENTAL HEALTH, by Bernice M. Moore and Robert L. Sutherland. Austin, University of Texas, 1950. 64p. 50¢.*

This report, in attractively illustrated handbook style, on a two-year study of local community action to meet family needs, was produced under the joint sponsorship of the Hogg Foundation for Mental Health and the Woman's Foundation of New York. The patterns of procedure outlined here, with suggested ways and means, should stimulate other communities to develop such cooperative methods.

The first section explains that the community setting is important to the mental health of the individual and that changes in the cultural pattern of the community can prevent personality disturbances. Chapter I tells why and how the Texas studies were undertaken.

Chapter II concerns the findings of the Texas communities and stresses the need for leadership and teamwork and gives do's and don'ts. The final chapters explain in an easy-to-follow, practical way the techniques that were used: surveys, workshops, institutes, conferences, publicity.

The type, format, use of white space (in this case gray) and the stylized, whimsical illustrations make it a pleasure to read this booklet, crammed as it is with information valuable to all communities seeking more healthful environments for their children.

*LET'S LISTEN TO YOUTH, by H. H. Remmers and C. G. Hackett. Better Living Booklet. Chicago, Science Research Associates, 1950. 49p. 40¢. Quantity rates.*

After questioning 15,000 young people about their physical, home, school, social, personal and career problems, Purdue University presents in this booklet information colored by the youthful point of view and addressed to parents and teachers. Parents will find enlightening answers here and explanations of puzzling young attitudes.

That parents should explain to their children that changes in physical growth are normal and natural, that they should allow for the inevitable conflict between independence and security, that they should convince their too-bright or not-so-bright offspring that mental ability is only one factor in school or job success—these are all reasonable proposals.

Only by frank answers to sex questions can parents hope to build wholesome attitudes. When approached about the choice of a mate (incidentally, 25% of the students revealed concern about marriage problems), parents should exert their influence through honest, factual discussion rather than exercise of authority, keeping in mind always that "the person whose home was a happy one has the best chance for a happy marriage."

## THE LAST WORD

*Toward Adjustment*

How can we help students come to terms with their own feelings —and understand better why they feel as they do?

Can we help them remember the way they felt as children, toward their parents, toward other children, toward many other aspects of life and "why" they felt that way? Can we help them accept their feelings as boys and girls at each succeeding stage of their development, and understand "why" they may have felt as they did about themselves and the opposite sex?

Can we help young people see that happiness in marriage results not so much from finding the right person as from *becoming* the right person, so that they may become affectionate rather than critical, honest rather than clever, likable rather than impressive, helpful rather than demanding, predictable rather than impulsive, spiritual rather than cynical?

If so, we shall have gone a long way toward helping them become more cooperative sons and daughters, more mature husbands and wives, more understanding fathers and mothers.

—Ralph G. Eckert in the California Journal of Secondary Education

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